

Health Department, City of Baltimore.

A 1730 Office of Registrar of Vital Statistics.

Ward 104

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Haase

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

15 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

42211 Canton Av

Cause of Death, { First (Primary),
Second (Immediate), }

Diphtheria

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Roman Catholic

Date of Burial, July 27th 1887 John H. Rehberg M. D.

{ Undertaker, Felix Brzozowski

Medical Attendant.

{ Place of Business, 1732 Alanson Street, Address, 1709 Alice Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

1757

Office of Registrar of Vital Statistics.

Ward

17th

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CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Baswell

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Athalian Beagot col.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Hod Carrier

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 1127 Goodman Alley

Heart Disease

Cause of Death, { First (Primary), Second (Immediate), }

Syncope

Duration of Last Sickness, 1 and a 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Chestnut Cemetery

F. J. Flannery

M. D.

Date of Burial, July 27 1887

Coroner

Medical Attendant.

Undertaker, Theodore Ross

Address, 170 Dr. Hill av

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1752

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26. th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mattie Amos

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 32. Years, 11. Months, 19 Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

✓

Occupation,

Cincinnati Ohio

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give Street and Number. }

238. South Caroline St

Cause of Death, { First (Primary),
Second (Immediate), }Bright's Disease
one Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Not Carmel Conn~~

Date of Burial, July 27. th 1887

James Stevens

M. D.

Undertaker, Fred Grede

Place of Business, S Caroline St

Com of 26 & R

Address,

Medical Examiner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John C. De Grey Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1753 Office of Registrar of Vital Statistics. Ward *64*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. *B*

CERTIFICATE OF DEATH.

Date of Death, *July 26/87*Full Name of Deceased, *Mary A. Beissler* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *17* Years, *Months,* *Days.*Color, *White*Married, Single, Widow or Widower, { Cross out the words not required in this line. } *✓*

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } *309 5 Washington St.*Cause of Death, { First (Primary), *Cholera infantum* Second (Immediate), }Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus Lem.*Date of Burial, *July 27th 87*Undertaker, *J. B. Ward*Place of Business, *Bank & Wolf* Address,*M. Colleberg*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1724 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Augustus Couyer

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 3 Years, — Months, 9 Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 209 Parish Alley

Cause of Death, { First (Primary), Pharyngitis & tonsillitis. Second (Immediate), Diphtheria #)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 27th 1887 William B. Caulfield, M. D.

Undertaker, James W. Chase

Medical Attendant.

Place of Business, J. J. Ward

Address, University Dispensary

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(Being a dispensary can not see it for several days before it does.)

[OVER.]

Health Department, City of Baltimore.

Permit No.

1755

Office of Registrar of Vital Statistics.

Ward

15^o

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Mary Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, — Months, — Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give Street and Number. }

1044 S. Charles

Cause of Death, { First (Primary), Second (Immediate), }

Chronic Drinker

Duration of Last Sickness,

24 Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 28th 1887

Undertaker,

Daniel Flynn

Edw. L. Michaleau, M. D.

Medical Attendant.

Place of Business, 42. E. West St.

Address,

707 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1753 Office of Registrar of Vital Statistics. Ward 19th

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CERTIFICATE OF DEATH.

Date of Death,

July 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth G. Fowler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, 7 Months, 11 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

District Columbia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1513 Mulberry St.

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), — }

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 29th 1887

{ Undertaker, H. G. Fink }

{ Place of Business, Broadway }

John Neff M. D.
Medical Attendant.

Address, 701 N. Carrollton Ave.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1757 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, 26th July 1887.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Hildegarde Lehn.Sex, Female, { Cross out the word not required in this line. }Age, Fourteen (14) Years, Months, DaysColor, whiteMarried, Single, Widow or Widower, { Cross out the words not required in this line. }Occupation, School girl.Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.Duration of Residence in the City of Baltimore, One timePlace of Death, { Give Street and Number. } 12. W. Reed street, Baltimore Md.Cause of Death, { First (Primary), Typhoid fever. Second (Immediate), Collapsed from being Overcome by heat. }Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green MountDate of Burial, July 29th 1887{ Undertaker, H.W. Jenkins Son }{ Place of Business, 201 W. Saratoga St. }W. C. Van Bibber M. D.

Medical Attendant.

Address,

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1758 Office of Registrar of Vital Statistics. Ward 12th

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CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Velanty.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Es Captain of Police.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1900 Mc Callum St.

Cause of Death, { First (Primary), Second (Immediate), }

Cerebral Softening, ^(inflammatory,) ~~inflammation~~

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 27th July 1887

{ Undertaker, H. W. Engleman & Sons }

{ Place of Business, Park & Saratoga }

R. J. N. Tally, M. D.

Medical Attendant.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

Health Department, City of Baltimore.

Permit No. A 1759 Office of Registrar of Vital Statistics. Ward 17th

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Klaskanin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months, 19 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Bathman No.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Dairy Life

Duration of Residence in the City of Baltimore,

1033 Fort

Place of Death, { Give Street and Number. }

Premature Birth

Cause of Death, { First (Primary),
Second (Immediate), }

Incantion

Duration of Last Sickness,

16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 28, 1887

{ Undertaker, Bernard Harle }

{ Place of Business, 115 West St. }

Oct. Cooke M. D.

Medical Attendant.

Address, 104 Fort St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]